

## ENROLLED MEMBERSHIP FORM INSA LIBRARY

The Executive Secretary  
Indian National Science Academy  
Bahadur Shah Zafar Marg,  
New Delhi – 110 002

Sir,

I wish to become a Member of the INSA Library on payment of deposit of Rupees Eight Hundred only (Rs.500/- is the refundable security at the expiry of membership) and borrow books from it according to its rules.

Full Name \_\_\_\_\_ (in  
block letters)

Occupation/Designation \_\_\_\_\_

Name of the Institution/Department and Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration of the Research/Fellowship  
Project in the case of Research Scholar \_\_\_\_\_

Residential Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number (Off) \_\_\_\_\_ (Res) \_\_\_\_\_

Dated \_\_\_\_\_

Signature \_\_\_\_\_

I, the undersigned, recommend that \_\_\_\_\_ be enrolled as a member of the INSA Library. I accept responsibility for due return of such books as are issued to him/her. The information furnished by him/her as above has been verified by my office.

Date \_\_\_\_\_

Head of the Institution/Department  
Seal